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CASE OF PLACENTA PRÆVIA.

BY HENRY AUSTIN MARTIN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. S., German, aged 57, has had four children. Consulted me about the middle of November, 1860, at my house, in regard to haemorrhage from the uterus, which had commenced during the previous day while she was walking in the street. The flooding was not preceded or accompanied by pain, or any other symptom except of prostration from the loss of blood. There had been no haemorrhage, menstrual or other, since the time at which she supposed that conception had taken place, nor had she noticed any symptoms different from those experienced in former pregnancies. At the time she consulted me, she was in the sixth month. The haemorrhage had been quite considerable, by her own statement, and this was fully confirmed by her pallid aspect, and rapid, compressible pulse. She was directed to maintain the recumbent position as much as possible, to avoid all violent and unusual exertion, observe an unstimulating diet and regimen, both physical and mental, and to send to me immediately if the haemorrhage (then almost ceased) should increase or return. I did not, however, hear from her till the afternoon of the 12th of February, the normal term of pregnancy having then fully expired.

I found her lying in a large mass of coagulated and fluid blood, flooding having commenced some twenty minutes before, and having been very profuse. On making an examination of the vagina, I found its lower portion occupied by loose coagula, which I removed, but a denser and firmer coagulum occupied its upper part and prevented an examination of the condition of the *os uteri*. As the "pains," though regular, were feeble, and had only commenced an hour before, as the *os uteri* was very high up and almost certainly but very partially dilated, I preferred not to disturb this coagulum, which I felt well assured formed a more effectual barrier to further haemorrhage than any I could substitute for it.

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The flooding still continued, but not to an extent involving immediate peril; I therefore preferred to watch the case till the dilatation of the os and its descent to a position more accessible should render interference more feasible and efficient, or till increased and imminent danger might make interposition necessary even under unfavorable conditions.

I remained with the patient for three hours, during which time the flooding continued slight, the coagulum over the os uteri still retaining its position. I left her, with strict injunctions to her attendant that she should be kept perfectly quiet, in a recumbent position, with the hips raised, and that I should be instantly sent for should any change or increase of the symptoms occur. (I should not have left her at all, were it not that my residence was but two or three seconds' walk from hers.) I promised to return in one hour, but before that time elapsed was summoned. I found that the coagulum had been expelled; the os uteri was inaccessible to the finger, but by introducing the hand into the vagina, which was capacious, I found it dilated to the size of a half dollar; anteriorly about two fifths of this space was occupied by the edge of the placenta, behind which the bag of membranes was protruded at each contraction of the uterus. The haemorrhage was extreme, the pulse of the patient becoming at one time for several minutes imperceptible. The edge of the os was quite unyielding, and being so, and to such a slight extent dilated, version was out of the question, and the flooding was too considerable for further delay. With a view to ultimately availing myself of that means of delivery, I concluded to rupture the membranes, hoping for the increased uterine action which usually follows that operation, and that thereby the head of the child would descend and be firmly engaged in the pelvis, and the bleeding edge of the placenta compressed to a sufficient degree to prevent dangerous flooding till delivery could be accomplished.

Before taking this step, I considered it proper to avail myself of the counsel of Dr. Henry Bartlett, who resides in the vicinity, and to whose sound judgment and extensive experience I am only too happy to acknowledge my repeated and grateful obligations. Dr. Bartlett fully acquiesced in my views, and I accordingly ruptured the membranes with the finger nail, plugged the vagina very carefully with soft fragments of old linen, and gave the patient an infusion of about one drachm of the whole grains of ergot in a teacupful of boiling water. The effect of the ergot was perceptible within twenty minutes of its exhibition, the "pains" becoming more frequent, stronger, and of longer continuance. At the end of a little more than an hour her attendant announced to me that the tampon had been expelled from the vagina. On examination, I found the os fully dilated and the child's head well advanced, so that the forceps could be applied with facility. I did not doubt that my patient could have got through her labor without

instrumental aid, but she was still flooding considerably, she had, unavoidably, lost a very large amount of blood, and taking into consideration the probability that it might be an hour or perhaps more before delivery would be accomplished naturally, and the certainty that during that time the additional haemorrhage would be sufficient to seriously retard her convalescence and perhaps permanently impair her health, I considered myself called upon to interfere. I applied the forceps (Denman's) with ease, and the child was delivered at once without difficulty. The uterus was firmly contracted, and the placenta was at once and easily removed.

The patient was for several days troubled with headache, tinnitus aurium, and faintness on assuming anything approaching an upright position, but made an excellent recovery, and has now (March 4th) for several days been able to sit up all day, and even to a certain extent attend to her household cares.

This, I believe, is all that need be said, except to call attention to the change which has taken place in that portion of the edge of the placenta which was attached over the os uteri. It is very evident that this change of structure prevented further haemorrhage from that part of the placenta from which it had occurred in November, and that it was only when further dilatation of the os detached a further and unprotected placental surface that renewed flooding took place.

I omitted to speak of the infant. It made one deep inspiration, and but one after being born, but the heart was not pulsating, nor could the slightest evidence of its action be detected by careful auscultation. Artificial respiration and Marshall Hall's method were faithfully employed, but without the slightest results, either in establishing to any degree the action of the heart or inducing a repetition of the respiratory act. The body of the child was of a marble whiteness, it was perfectly developed and of more than average size; there seemed no cause for its death but the evident and sufficient one of anaemia. That this was the cause of death, was curiously illustrated by the fact of the single act of respiration, the apparatus of which responded to the stimulus of the air, but the heart did not act because of its air; blood, there was none. One link was wanting, and the mystic chain of vitality was irremediably imperfect. I have had frequent opportunity to study the beautiful phenomena connected with the establishment of the functions of life in stillborn children, and of these opportunities I believe I may claim to have conscientiously availed myself, never ceasing my efforts at resuscitation while there was a shadow of hope; but I do not remember before to have seen a case in which respiration was unaccompanied by action of the heart. As is often noticed, action of the heart is the first result of our efforts, respiration not being established till afterwards; indeed, very often it is not established at all, even to the slightest degree. I have frequently succeeded in inducing action of the heart, and in maintaining it even

for hours, without a single act of respiration accompanying that action. There are, of course, questions of great physiological interest connected with this whole subject, and particularly as regards the phenomenon to which I have alluded in this case as illustrative of death by anaëmia, but they are foreign to my present purpose, even if leisure permitted.

Roxbury, March 4th, 1861.

PATHOGENY AND THERAPEUTICS OF CEPHAELIS IPECACUANHA.

BY EDWIN SANFORD, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

BRETONNEAU found, by experiment, that the powder of ipecacuanha, when applied to a cutaneous surface deprived of its epidermis, excited a severe topical inflammation; that a small quantity blown into the eye of a dog caused an intense phlegmasia, sometimes resulting in perforation of the cornea. Hence he inferred that the drug produces vomiting and purging in consequence of the inflammatory influence exercised upon the mucous membrane of the stomach and bowels. A foreign magazine records the case of a druggist's assistant, who was poisoned by the inhalation of disintegrated ipecacuanha. Vomiting occurred, followed by a sense of constriction within the chest. In an hour there was a violent feeling of suffocation, attributed to a contraction in the throat and trachea. Successive paroxysms of oppression and anxiety supervened, until his face became cadaverous in appearance. His medical attendants bled him, and gave assafoetida and belladonna, with some transient benefit. In five hours, a fresh attack came on, with augmented pectoral embarrassment. A decoction of *uva ursi* and the extract of *rhatany* procured relief, and after a few days of slight dyspnoea the patient recovered.

Dr. Roberts, of Dudley, Scotland, says, in a communication to Pereira, "If I remain in a room where the preparation of ipecacuanha is going on, I am sure to have a regular attack of asthma. In a few seconds dyspnoea comes on in a violent degree, attended with great weight and anxiety about the praecordia, and I obtain no relief until copious expectoration takes place." All the animals upon which Magendie experimented, exhibited signs of inflammation in the air-tubes. The drug seems to act upon the various ramifications of the pneumogastric nerve, producing functional derangement within the limits of its distribution. The pathological results are capillary engorgement and inflammatory redness. Mérat and Delens, Vol. III., page 646; say: "The incisive action of ipecacuanha is quite evident, and it is most frequently depended upon by modern practitioners. Thus, it is prescribed in small doses for bronchial derangements, for an excess of mucus in the lungs,

flaccid condition of the pulmonary parenchyma and serous inflammation of the lungs. It procures a more profuse and easier expectoration by increasing the exhalation of the pulmonary mucous membranes in cases where it is deficient, and extinguishes it by its tonic action whenever the expectoration is too profuse. The drug was first made known at Paris, about 1684. Helvetius, the grandfather of him whose widow Ben Franklin admired (the widow of the author of the book *De l'Esprit*), then the pupil of Afforts, experimented with the root, making some notable cures of dysentery. The Dauphin of France, the King's brother, being sick with this disease, the King sent his own physician, d'Aquin, to arrange with Helvetius for the disclosure of a knowledge of his nostrum. For the secret he received a thousand pounds and advancement to important medical appointments. The poet Akenside first recommended the drug for spasmodic asthma, an imputed virtue still believed in. A practitioner of fifty years' experience remarked to us, that with ipecacuanha and opium he could almost dispense with the rest of the *materia medica*. Rousseau and Pidoux seem to think quite as well of ipecacuanha. They say, *Op. cit.*, Vol. I., p. 607, "Experience shows that almost all the dangerous symptoms which occur during confinement yield to ipecac. We mention this, not on the authority of books, but of what we have seen and done. For five years past we have annually attended sixty women in labor at the Hotel Dieu; we have never failed to give every woman who had been recently confined a dose of ipecac., no matter with what derangement she may have been affected, and we can affirm that we have never seen the least trouble arise from the practice; on the contrary, in most cases, we have either effected a cure or perceptible improvement."

Attleboro', March 2d, 1861.

ON SOME OF THE CAUSES OF DISEASES.

BY JOSEPH COMSTOCK, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE causes of many cases of disease are certainly very obscure. We once looked towards chemistry as a source from which much was to be expected; but how vain and fruitless the result, when we find that no ultimate distinction betwixt the poison of the viper and gum Arabic has hitherto been detected! Of our very changeable climate, it has been said that we lie down in July and rise in December. Consumption is the greatest outlet of human life; it is hereditarily endemic to the British Nation, and also to their descendants in all parts of the world—witness the United States, Canada, Malta, the East and West Indies, Bermuda and Gibraltar, indicating that variety of climate has little to do with its prevention, and that it is a permanent disease, unlike the plague and

sweating sickness of London, which are now matters of history only; but it is a curious fact respecting the latter malady, that Englishmen abroad in foreign countries were affected with it, while the people they were among were entirely exempt; another instance, this, of that nation's proneness or tendency to retain an hereditary predisposition to certain diseases.

The blood, secretions, and even breath of one being or animal, seem to be congenial and adapted to that same being alone; to its constitution, idiosyncrasy, health, and even life.

The transfusion of one human being's blood into the bloodvessels of another, has usually been deleterious, if not fatal; even so, and surprisingly so, has been the transfusing of the blood of a sheep into the veins of a dog.

Crowded apartments in which men or beasts were congregated, have proved the hot-beds of disease; but not in such apartments alone are disease and death generated. From the remotest antiquity armies in the open air have been marked in their marches with pestilences; witness those of Moses, David, Pericles, and our own in 1812, and during the war with Mexico. Ship fever seems to be generated on board ships while they are at sea, and to become contagious after their arrival in port.

Cities in which maladies so much prevail, and country places in which health so much abounds, are phenomena illustrative of the pernicious effects of the amalgamation of a variety of breaths and effluvia. Voltaire, long ago, remarked how little physicians have to do in the country, and how much they have to do in cities.

We are told that the glanders in horses arises mostly in large stables, and the dog distemper in large kennels; also, that the British, in attempting to send sheep in numbers across the Atlantic, during their war with us, lost them all, when crowded in a ship, by what one of their medical writers calls a *febrile disease*. To the same effect, Sir Gilbert Blane informs us of the death and destruction of horses on board of horse transports, in the expedition to Quiberon in 1795.

Influenza has repeatedly affected persons without any other assignable cause than that of being present in crowded assemblies; afterwards the disorder might extensively spread by contagion.

Of infection from diseased breath, Dr. Paris notices an instance under *aërial poisons*; it is the case of a gentleman in perfect health, who became salivated in consequence of sitting only a single hour by the side of a person who was in a state of mercurial ptyalism, in order to receive lessons in botany.

The mysterious and long-contested origin of syphilis, which Ferdinand Columbus, son of the discoverer of the New World, as well as Astruc, Gietanner and Van Swieten, imputed to importation from the American aborigines, we must impute to have arisen and been generated by the breath, intercourse and effluvia of the nations of the Old and New Worlds commingled together; for it

seems to be well established by reliable authorities that syphilis was utterly unknown among the Indians, and also if not utterly unknown in Europe, which is contended by some, at least never known to prevail so extensively, and with such malignant symptoms, as after the return of the Spaniards from their great and grand discovery, accompanied with some of the natives.

This was in 1493, and soon syphilis, accompanied with more pestiferous symptoms than are ever now known to attend it, became an epidemic in Europe; indeed, so malignant were its phenomena and pestilential its appearances, that it obtained the title of *pestis inguinaria*, and it appears that the opinion prevailed that it might be communicated by the breath, without any sexual intercourse whatever, and even from one male to another by whispering in his ear, of which we shall presently adduce a notable instance.

The inhabitants of the 15th and 16th centuries are thought to have been peculiarly corrupt, debauched and given to unrestrained sexual intercourse; and hence the vast spread of the disease in question, which obtained the name of *grandgore*. What a picture of depravity does the following historic extracts present to view!

"Then lustful passions, ready compliances, with vicious and dissolute manners, were considered as accomplishments by the high and ordinary ranks of society in Church and State. Extant medical and historical works of that time unblushingly place among the victims of the *grandgore* the names of popes, kings, cardinals, bishops, &c." Further, that "one of the great charges brought by the House of Lords against Cardinal Wolsey, Prime Minister of Henry VIII., was that that he whispered in the Monarch's ear when knowing himself to be infected with that disease."

Aura syphilitica is a term we find in use in those days; and from the enormous depravity of those times we have a clue to the institution of monasteries and nunneries, whose inmates took upon themselves the vows of chastity.

Good and evil, it has been said, are ever in some degree commensurate; and with the discovery of America, the greatest of all human events, we must identify the introduction of a malady which was, and still continues to be, a scourge and sore affliction to the human race.

Whether a recent writer, William D. Purple, M.D., is not too sweeping in his conclusions when he refers all the diseases and disorders of the genital organs to the abuse, misuse, improper or excessive indulgence of those organs—such as disease of the prostate gland, displacement of the uterus, hydrocele, dropsy and enlargement of the ovaria, change of structure of the testicles, as well as functional action of the vasa deferentia, vesiculae seminales and the urethra; and by sympathy the bladder, ureters and kidneys—may be doubted. Still, we agree with him that there is no organ of the human body that is not liable, by perverted action,

to work its own destruction; that the seeds of disease and death are lurking in every healthy organ, and only require a certain amount of excitement or excitability to arm them with suicidal power; these, and some other opinions of Dr. P., we may endorse and in course refer to. Mania from masturbation, as well as Mesmerism, Millerism, spiritual rapping, table-turning and table-lifting, will here occur to mind, as they all have afforded inmates to our insane retreats.

The writer seems to be peculiar in his ideas, that gleet following gonorrhœa, in some constitutions and under certain circumstances, by transfer or metastasis, may produce coma and death. Also that the abuse of the sexual organs in early youth will produce every variety of neuralgic symptoms, including epilepsy, coma, and perhaps end fatally at last.

But in this connection Dr. —— comes in as a corroborator to Dr. Purple: *localities* and *coincidences* are very curious and very unaccountable. The birth and location of Hippocrates were not in the renowned city of Athens, nor in the religious city of Jerusalem, nor in the commercial city of Smyrna, but in the isolated little island of Cos. Dr. Denman, speaking of the Cæsarean operation, says, the oldest physician or surgeon of London could not recollect a case of this operation, nor had heard it spoken of by their predecessors; yet two cases, in the same street, occurred to the same gentleman, Mr. Thompson, one of the surgeons of the London Hospital, within a very short space of time.

Equally curious is it that thirty cases of a kind scarcely mentioned by our most comprehensive systematic writers, should have fallen under the care of one country practitioner in the circuit of his own practice of about thirty miles. Those cases were of *female* masturbation, or self-pollution, and the tact and talent of the gentleman were evinced in the result, for, after some stout denials, each one of the thirty was finally brought to confess the fact, and prove their physician's suspicions correct.

Most of these, by their own statements, commenced the practice at an early age; all but one, we are told, at or before twelve years old, and most of them at six or seven!

That the practice is not *always* solitary he tells us—"In twenty-four of the above cases, the practice was common to associate together for vicious indulgence."

The diseases induced by this enervating vice, we are told, were, leucorrhœa, pain across the pubis and back, retention of urine, weakness of the limbs, nausea, vomiting, loss of appetite, sometimes loss of the use of the limbs, painful menstruation, cough, difficult respiration; in one case, strangury. One patient, aged 30, contracted the habit at the age of ten years. "On being told of its effects and urged to abandon it, she replied, she would *if she could*."

Another, aged 37, unmarried, had been confined to her bed for

six years, and acknowledged that she had contracted the habit at an early age, "and had, in all probability, continued it to the present time," says the doctor.

Three of his patients had chronic ophthalmia, which he imputed to the same vicious indulgence, and thinks "that it is the most fruitful source of ill health among females." Hysteria was present in one or more of his cases, as well as chlorosis and mental imbecility in others.

Puerperal mania and child-bed convulsions have fallen under suspicion of the same kind of self-mismanagement in some instances—not in all.

The foregoing enumeration of sexual abuses brought to mind what Josephus, the Jewish historian, says of that most moral, excellent and religious sect of the Jews, far surpassing the Scribes and Pharisees, called *Essenes*, who were celebrated for their temperance in all things, and entire abstinence from all sexual intercourse, except for the sole purpose of the continuation of the human species:—noble exemplars for Christendom.

Man is the only animal that drinks while eating. Dyspepsia has been called a *national* disease with us; pyrosis may be classed in the same category; he that would steer clear of both, must avoid drinking while eating, according to Dr. Dickson, of South Carolina.

Cold is the most prolific of all the causes of disease—of internal inflammation, catarrhs, coughs, consumption, amenorrhœa, spotted fever, rheumatism, and infantile deaths. It was considered by Dr. Gregory as much of an evacuant as bleeding, or purging, as it robbed the body of heat. It affects persons of all ages, climates, temperaments and conditions.

Consumption, as before mentioned, is a disease hereditary to the British nation, and their descendants, wherever they have emigrated or placed themselves. And this hereditary predisposition to this inexorable outlet to human life, is called into action by not sufficiently protecting the body from cold; the disease being scarcely known in Russia, says Sir George Lefevre,* notwithstanding the cold, and, as he says, very changeable climate, from their shutting out the cold air by their warm fur-skin dresses and *Russian stove* heated houses. Our fashions point to the grave by their insufficient protection of the neck, throat, and upper part of the thorax from winter chills and piercing cold; for here the most vital of all the vital parts are situated.

Dr. Trevison, of Italy, MM. Villerme and Milne Edwards in France, have ascertained that 66 infants out of every 100 die by being exposed to cold for the first few days after their birth. Reflect, mothers and nurses, that the little stranger is ushered into this cold world from a region of 98 degrees of heat; then aim, as

* Physician to the British Embassy to St. Petersburg.
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far as possible, to maintain it in a climate like that in temperature from which it came.

Animal putrefaction, strange to say, as a cause of disease, is a contested point. In 1832, a prize essay fell under my notice, to which the prize was awarded, but which utterly denied its injurious effects. The award was made by the New York State Medical Society. The present writer published strictures upon this production, which contained other most monstrous medical heresies, in the *Boston Medical and Surgical Journal* of July 11, 1832, page 348, to which the reader is referred. But I must say that a gentleman, standing at the very acme of his profession both as a physician and surgeon, entertained the same opinion as the prize-writer, with regard to the innocuous nature of animal putrefaction; and as that gentleman never formed an opinion without plausible premises, I must here beg leave for a short episode.

It would appear that that gentleman's opinion was based upon the fact that no sickness followed the removal, entirely, of a vast cemetery in Paris, containing an innumerable multitude of dead bodies in all stages of decay.

Now I have to assume from this, and a vast number of similar events upon a smaller scale, that burying dead bodies in the earth lessens or entirely deprives them of the power to produce malignant, epidemic or contagious diseases, upon their being disinterred. I know that bodies dead of smallpox are buried away from public burying grounds, from the fear that in digging a new grave such bodies may be disturbed, and thus communicate contagion to the living; still, I have never known, heard or read, so far as I can now recollect, of a single incident of the kind. Yet it seems that such may have occurred, else the custom would probably not have been established; but it is still possible that it may have arisen from fear and not from fact; and there is another possible contingency, that some one else may have seen what I have not, and be able to correct me on this point.

But to resume, and to put a disputed point beyond controversy, I shall introduce a scrap of history, proving that animal matter above ground, in a state of putrefaction, has destroyed the human race by hundreds of thousands! as well as sheep, cattle, and even birds and wild beasts. It is taken from the Rev. Mr. Abbott's *Scriptural Natural History*. The author, after quoting the Bible as to the direful destruction occasioned by locusts, says:—

“A similar calamity happened to the Africans in the time of the Romans, and about 123 years before Christ. An immense number of locusts covered the whole country, consumed every plant and blade of grass in the fields, without sparing the roots and leaves of the trees, with the tendrils upon which they grew. These being exhausted they penetrated the bark, however bitter.

“After they had accomplished this terrible destruction, a sudden blast of wind dispersed them into different portions, and after

tossing them awhile in the air, plunged their innumerable hosts into the sea.

"But the deadly scourge was not then at an end; the raging billows threw up enormous heaps of their dead and corrupted bodies upon the long-extended coast, which produced a most insupportable poisonous stench. This brought on soon a pestilence, which affected every species of animals; so that birds, and sheep, and cattle, and even wild beasts, perished in great numbers, and their carcasses, being soon rendered putrid by the foulness of the air, added greatly to the general corruption and mortality.

"The destruction of the human species was horrible; in Numidia, 80,000 persons died; and on that part of the seacoast which bordered upon the region of Carthage and Utica, 200,000 are said to have been carried off by the pestilence."

Possibly, after such overwhelming testimony, medical men may be constrained to agree upon one point, to wit, that animal putrefaction above ground is pernicious to health, and destructive to life; and thus take away the imputation that courts and counsellors bring against our profession, when they allege that no two of us agree upon any point, and that we are the very worst of witnesses.

Lebanon, Ct., Jan. 2d, 1861.

GLAUCOMA—HANCOCK'S OPERATION FOR THE DIVISION OF THE CILIARY MUSCLE—RESULT SUCCESSFUL.

[THE following cases are of special interest, as the operation of iridectomy is practised somewhat extensively at the present time with doubtful success. They are from the *American Medical Times* of April 6th, and are reported by F. J. BUMSTEAD, M.D., of New York.—EDS.]

Mrs. M., a widow, aged forty-three, who supports herself with her needle, applied at the Infirmary, November 16, 1860, for an attack of acute glaucoma in the left eye, supervening upon chronic choroiditis of several years' standing, and sympathetic disease of the opposite eye.

Her present attack commenced without apparent cause other than excessive use of the eyes six weeks ago; since which time she has suffered excruciating pain in the globe and temple, and has been reduced to an exceedingly debilitated condition by loss of sleep, and the low diet, depletion and seclusion injudiciously directed by her attending physician.

Upon examination, the left eye is found to be abnormally hard to the touch; its vessels much congested; the cornea cloudy; and the pupil somewhat dilated and immovable. The sight of this eye was lost several years ago from the chronic inflammation above mentioned. An attempt to ascertain the condition of the choroid and optic-nerve entrance proves unsuccessful, owing to the haziness of the cornea and lens, which obscures the deeper structures.

The opposite eye is intolerant of light, and watery, and its vision

impaired; thus showing that its integrity is threatened, and that immediate measures are required for the preservation of sight.

Having been disappointed with the result in several trials which I had previously made of iridectomy, as advised by Von Graefe for the relief of glaucoma, I determined to resort to Mr. Hancock's operation for the division of the ciliary muscle, which recommended itself by its simplicity and the little danger attending it; and believing that the affection of the right eye was due to sympathy with the left, I resolved to operate upon the latter. I accordingly placed my patient under the influence of ether, and, with a Beer's cataract knife, made a section of the conjunctiva and sclerotica radiating from the corneo-sclerotic juncture, midway between the inferior and external rectus, obliquely downwards and backwards to the extent of about the eighth of an inch. This procedure required little more than a simple puncture with the point of the knife, the blade being buried an eighth of an inch beneath the conjunctival surface. The incision was followed by the flow of about a drachm of blood from the choroidal vessels, and some of this fluid gained entrance to the anterior chamber, but was readily evacuated by separating the edges of the wound with the point of a director. I now closed both eyes with isinglass plaster, and ordered two grains of quinine three times a day, together with a nourishing diet and an opiate, if required.

Upon seeing my patient the following day, I found that the effect of the operation had been almost magical. Since awaking from the influence of the anaesthetic, she had been entirely free from the pain which had harassed her for six weeks; she had had a good night's rest without the opiate; the intolerance of light had disappeared, and the eye was much less congested. Of course, no improvement of vision was to be expected in the left eye, which had been blind for several years. Mrs. M. remained at the Infirmary for a week after the operation, during which time she continued to improve, and when she left, the inflammation had entirely subsided, and the sight of her right eye was completely restored. I heard through her physician, in the early part of January, that she had continued well up to that time.

This is the first case, so far as I know, in which Hancock's operation has been performed in this country; and although a single trial is, of course, insufficient to justify a decided opinion, yet the successful result in this instance, taken in connection with the cases reported by Mr. Hancock, affords reasonable ground to hope that this new method will prove of great value in the treatment of one of the most dangerous diseases to which the eye is subject.

These favorable anticipations have been strengthened by the result of another case, which I was requested to see in consultation with my friend, Dr. Abram DuBois, on the 14th of February. The patient, a merchant of this city, about 65 years of age, lost the sight of his left eye from glaucoma several years ago, within a week after the commencement of the attack. At the time I saw him the same disease had appeared in the right eye; he was suffering severely from circum-orbital neuralgia; and his vision was so obscure that he could with difficulty distinguish between small objects, as, for instance, between a pocket-knife and a pencil case. He had been freely cupped upon the temple, the night before, with very little, if any relief. Hancock's operation was performed by Dr. DuBois without the assistance of an

anæsthetic, and in fifteen minutes afterwards the pain had entirely ceased. On the second or third day the patient could read newspaper type, and within a week insisted upon going to his office and attending to his business. In this case, the aqueous humor escaped and slight prolapse of the iris took place, but there was no loss of blood.

In each of these cases the improvement in the symptoms following the operation might possibly be ascribed to the relief of the tension of the globe in consequence of the evacuation of the humors; but I believe that Mr. Hancock is right in his assertion that this explanation is insufficient, inasmuch as simple paracentesis oculi has never afforded an equal amount of benefit, and in several of the cases reported by this surgeon no fluid whatever has escaped from the eye. I do not propose, however, to discuss at present the theory of this and other operations recommended of late for the relief of glaucoma, but would refer the reader to the original papers of Graefe, and Mr. Hancock, and to the able article by my friend, Dr. Noyes, in the number of this journal for February 2d.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

MARCH 11th.—*Rupture of the left Fallopian Tube, and copious Effusion of Blood into the Peritoneal Cavity, in a Woman who was not Pregnant.* Dr. JACKSON showed the specimen, which he had received from Dr. Lincoln R. Stone, of Salem, with the following history of the case. The patient was a married woman, 19 years of age, of bad reputation, and living apart from her husband; she had one child a year and a half old. On the morning of February 20th, "she got up as usual, perfectly well, and dressed her child; went out of doors a few minutes, came back, and threw herself on the bed, complaining of pain in the abdomen, coldness and thirst. At 11 o'clock, Dr. —— found her with feeble pulse, pallor, coldness of extremities and thirst. He prescribed stimulants and warmth; asked if there was any loss of blood, and the mother said, none." Patient died the same day, between 4 and 5, P.M., was buried on the 22d, and on the 2d of March was disinterred, by order of the coroner, and examined by Dr. S.

The body was nearly frozen, and well preserved; abdomen full. On opening the peritoneal cavity, it was found to contain, by estimate, about two quarts of blood, partly liquid, but in the pelvis coagulated. The uterus was not enlarged; but, as well as the vagina, was absolutely bloodless. The Fallopian tubes were more injected than the uterus, but neither of them was distended or discolored. The left tube, in its upper and posterior part, midway, showed an opening through its entire thickness, about a quarter of an inch in length; and, from this opening, there hung a coagulum about as large as a bean, from which the serum and coloring matter seemed to have been partially squeezed out. Nothing like an ovum was anywhere found. The tube having been cut open to but a small extent, Dr. Jackson found that he could inflate it from the fimbriated extremity, and pass a probe in from the uterus to near the seat of rupture, the result being that nothing was observed more than would be seen in the unimpregnated

condition. In the left ovary is a large spurious corpus luteum, and a smaller one in the right; but otherwise nothing remarkable. Dr. S. found a glairy, mucous secretion in the cavity of the uterus, and quite a profuse leucorrhœal discharge in the vagina. The organs of the thorax and abdomen were examined, but presented, generally, no unusual appearance. The catamenia was always regular; and the sister, who slept with the patient, reports that she was not menstruating at the time of her death, but was daily expecting to.

MARCH 11th.—*Retro-Uterine Haematocele.* Dr. GAY reported the following case, which he considered of interest, in connection with the one reported by Dr. JACKSON.

Mrs. ——, aet. 21, reports that she has not had her usual health since her marriage, three years ago. From that time she has suffered much from leucorrhœa, and a frequent aching sensation in the region of the small of the back, hips, groins and along the thighs; these symptoms have been greater during the last summer and autumn, with occasional loss of appetite and strength. The catamenial periods have always been attended with much pain and profuse flow, continuing, generally, from ten days to two weeks, and with an evident increase since her marriage. The periods have been generally regular as regards their recurrence. Fourteen months after marriage, she had a miscarriage at the fifth month of pregnancy, and last July she had another, at the third month, after hard work, fatigue and a long walk. Since that time, she has not been as well, and has experienced a loss of strength and flesh, dizziness, nausea, more profuse catamenial discharges, attended with severe pain, and followed by leucorrhœa.

Four weeks ago, the menses appeared with the usual profuse flow, and suddenly stopped on the second day, after her taking cold from wet feet and wearing damp under-clothing. She was immediately seized with intense bearing-down pains in the left hypogastric region, and great soreness, both internally and externally. The pain and soreness increased steadily. She could not walk about nor stand up straight, but was obliged to lie down on the bed or lounge, and almost always on the right side. From the regularity of the pains, and their bearing-down character, she supposed she was in the family-way. In the interval of these pains, she had a throbbing, heating sensation, but, at no time, any rigors. After many days' suffering she sent for her physician, who gave all the relief he could, by anodyne and local remedies. The pains continued to increase, so much so, that she said she "was in misery all the time from them," coming on regularly for five or six hours and each lasting three or four minutes, always sharp and bearing-down, with a feeling of weight in the vagina and rectum. The bowels were generally costive, and were relieved by internal medicines and enemata. At times, though not constantly, the pain was intense during a dejection. There was much and frequent difficulty in the passage of urine, requiring, now and then, the introduction of a catheter.

The lower abdominal pains of the left side continued about the same and constant, but were not as severe as those which came on in the vaginal and rectal regions, which increased daily. At the first vaginal examination by the physician, a painful swelling was felt, near the region of the uterus and extending backward towards the sacrum. By the rectum, the swelling was easily felt, hard and tender on pressure, and more extensive than by the vagina.

When I saw her, she appeared like one who had been reduced by a long sickness. She had lost much flesh, her countenance was distressed, and her pulse was rapid and feeble. By her report there were only very short intervals of ease from pain. The chief points of suffering were in the left iliac region and rectum. On examination, a general fulness of the abdomen below the umbilicus was seen, without any special prominence on either side. By deep pressure on the left side, however, a distinct, pretty firm swelling was felt, somewhat tender, and extending slightly over the median line to the right side. But most of the swelling was in the region of the ovary. On passing the finger into the vagina, it soon came upon a swelling, the size of a small orange, pretty hard, tender to the touch, and mostly to the left of the median line. By little exertion and time, the finger was passed over and beyond the swelling, till it reached the os and cervix uteri, which were found pushed up and forward towards the symphysis pubis. Greater difficulty was found in the rectal examination. The sphincter was strongly contracted, and there were commencing haemorrhoids. The swelling was much lower down than in the vagina, larger, more tender on pressure, and with much thinner walls.

As well as could be ascertained, by a finger in the rectum and vagina, the swelling was between their separated surfaces, and extending upward behind the uterus, elastic and fluctuating, and, from the thinness of the rectal wall, there would soon be a perforation in that region.

From the history and symptoms of the case, it was considered to be a *retro-uterine haematocele*, and I advised an opening in the vaginal portion of the swelling. After making the swelling tense by pressure from the rectum, an incision, an inch long, was made in the deep portion of the vagina. There immediately flowed out large quantities of dirty, old, liquid and coagulated blood, then three or four ounces of a fluid clear as water. On introducing the finger, the interior of the sac was rough, feeling like the interior of the heart as much as anything. A piece of rag was then inserted in the opening to prevent any union. Great relief was experienced soon after the operation. For three days the discharge was mostly blood and water; after which, it was a foetid, dirty, purulent liquid, which gradually lessened in quantity and fetor. The greatest amount of discharge in a day was about half a pint, from that to a wineglass and tablespoonful. Two weeks from the operation, and six weeks from the attack, her catamenia appeared, lasting only two days, not profuse nor painful.

She is now, three weeks from the operation, up and walking about her chamber, growing stronger daily, having a good appetite, no soreness nor pain at any point, and with scarcely any vaginal discharge. The swelling has entirely subsided. She reports that there were many foetid, "grayish, whitish pieces of flesh came from her, looking like torn rags."

FEB. 25th.—*Very peculiar Condition of the Bladder, with Fibrous Tumors of the Uterus.* Dr. JACKSON showed the specimen, which he had received from Dr. C. H. WALKER, of Chelsea.

The patient was a robust, athletic and unmarried woman, 45 years of age, weighing one hundred and sixty-five pounds four weeks before her death. Had never borne a child. About five years ago, she was examined at the Massachusetts General Hospital for a pelvic tu-

mor, which was regarded as an encysted ovary, the disease being of a few months standing. For three or four years she had had occasionally, on taking cold, slight pain on passing urine, but no further symptoms until two weeks before death, when, after a retention for twenty-four or thirty-six hours, the catheter was passed with much difficulty, and about half a pint of quite healthy urine was drawn off; the patient being then up and about. The os uteri was quite high up and not felt; nor was any tumor felt, except the distended bladder. From that time, and so long as she lived, her distress was very great, notwithstanding large doses of opium; urine passed only with great pain and straining, and in the lithotomy position; the distress being very great, even during the intervals of urination, so as to keep her awake. Urine very strongly ammoniacal the last three days; but never any mucus, pus or blood with it.

On dissection, the bladder was found to contain more than four quarts of dark-brown urine; and it occupied the lower half of the abdomen to a line about two inches above the umbilicus, pushing the peritoneum before it. Odor of the urine intensely ammoniacal. The parietes of the organ are dense, but not thickened; inner surface a little roughened, but without any trace of lymph or other inflammatory product, and without any trace of the muscular fasciculi; the most striking anatomical feature being, perhaps, a pretty uniform, brownish and greenish discoloration, such as is occasionally seen upon the inner surface of the stomach or intestines. Ureters not enlarged.

In the substance of the fundus and body of the uterus, and on the left side, is a defined, fibrous tumor, equal to about four or five inches in diameter; and in the left side of the neck is a second, of an oval form, about a third as large; the uterus being apparently pushed towards the right side. The smallest of these tumors is quite dense, but the larger one looks as if it may have been of comparatively recent formation.

Dr. J. remarked that the smaller uterine tumor might very well account for the dysuria that had existed for three or four years. As to the bladder, the appearance is quite different from anything he has ever before seen. The diagnosis of a fluctuating tumor and the connection between the bladder and the anterior parietes of the abdomen, would tend to show that the disease was of long standing; but, if such were the case, its latency was a very remarkable fact.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, APRIL 18, 1861.

THE AMERICAN MEDICAL ASSOCIATION.—The Fourteenth Annual Meeting of the American Medical Association has already been announced to take place in Chicago, on the first Tuesday of June next. A question which very naturally excites some interest in the minds of the profession, is with regard to the effect of the present national crisis upon this organization. Thus far the Association has represented the profession in every portion of the United States, and it has rarely happened that every State has not had its representatives. Events

have occurred since the last annual session which practically and probably forever have severed the ties by which our confederacy was held together, and we now behold at least two political organizations, where before but one existed. However much such a rupture may be regretted, the fact cannot be denied, and all the consequences naturally and necessarily attendant upon it may be expected to follow. Not the least important of these is the effect upon all national organizations of whatever character, and for whatever objects instituted. The American Medical Association, although a voluntary one, is essentially national, and its influence has depended mainly upon the fact that it represented the medical profession throughout the length and breadth of a vast and growing country, constituting a medical congress whose acts, although not necessarily binding, were regarded with respect. It is true the more remote States were feebly represented, but we suspect that there are few medical schools in the land that have not felt at least the indirect influence of this body. It remains to be seen how far the political feeling which we fear will soon be raised to the highest pitch, or to what extent the curtailment in the size and importance of this Association, will operate in checking a development which could not have failed to elevate the character of the profession in this country. We sincerely trust that no political bias will be allowed to interfere with an institution whose interests are one with the profession and with humanity, and that there will be no abatement in that zeal among its members which has hitherto characterized their doings. And we hope for the sake of science, which is not legitimately confined within the limits of any nationality, that our brethren from both the North and South will, for the time at least, lay aside all political animosity, and meet as friends in that broad arena where the only rivalry should be in the exertion to advance those interests the successful promotion of which will confer a lasting benefit on a diseased and fallen race.

BROMIDE OF POTASSIUM AS AN APHRODISIAC.—In a discussion on Puerperal Insanity by the Philadelphia County Medical Society, reported in the *North Carolina Medical Journal* for March, Dr. Darrach thus speaks of the use of bromide of potassium:—

“In regard to the bromide of potassium, Dr. D. remarked that his attention had been called to this agent by Dr. James Durrach, who had successfully used it in a similar case, and who refers the primary use of the article in genital complaints to Rousseau.

“Regarding bromide of potassium as a specific tonic to both the male and female organs of generation, Dr. D. has for some time, and in many cases, administered it successfully in too partial and too abundant menstruation, in leucorrhœa, and in various degrees of the indirect debility above noticed of the male organs of reproduction.”

He adds, that “As regards the use of phosphoric diet, its efficiency is not only supported by many cases in his own practice, but by the successful use of the dry phosphoric acid in the practice of his friend, Dr. Frické, and by the testimony of Dr. —, that a husband and wife, who were without issue for several years, eat daily of the head of the boiled rock fish, in accordance with medical advice, and conception, full gestation and a safe birth followed, and in due time occurred a second birth. How far the bromide of potassium may be an important adjuvant, is left for future practice to determine. The for-

mula which he has always used is: R. Bromid. potass., 9ij.; aq. cinnam., f3ij. M. 5i. q. t. h. Taken on an empty stomach, an hour before ordinary meal-time, and at bed-time."

TANNIN AN ANTIDOTE AGAINST STRYCHNINE.—As antidotes to strychnine are very rare, it is with the greatest satisfaction that we receive any that are offered us, particularly when they are given as the result of numerous experiments. We extract from the *Journal de Pharmacie et de Chimie* the following note:

"As the result of his experiments on rabbits and dogs, Dr. Kensak draws the conclusion that tannin, promptly administered, is the best antidote against poisoning by strychnine. The quantity of tannin should be in proportion to that of the poison; the doses should be, in fact, rather large, as the contents of the stomach may absorb a part of the medicine. The tannin is preferred, on account of the readiness with which it may be procured, as it exists in the nutgall, which should be given in powder with water, while an infusion or decoction is being prepared. For each grain of strychnine it is well to give at least one hundred and fifty grains of nutgall. Many other substances containing tannin might also be given in case of necessity. Vegetable acids and alcoholic substances should be avoided. We must take care, also, to prevent any sudden movement, as the symptoms are thereby increased.

"Nutgalls contain, according to Sir H. Davy, 26 parts in 100 of tannin; according to Pelouze, 40 parts; so that if we administer the pure tannin, the dose would be from thirty-nine to sixty grains for each grain of strychnine. But as tannin is a comparatively innocuous substance, we need not be over-accurate, so long as we give enough of it."

METHOD OF HASTENING LABOR.—For nine years, says Dr. Ledentu, of Cherbourg, I have accelerated labor in most of the women whom I have attended in confinement, without any of the accidents attributed to the use of ergot, by introducing into the uterine cavity, after the waters have escaped, the feathered end of a quill, smeared with any fatty substance, and allowing it to remain until the infant passes into the vagina.—*Journal de Médecine de Bordeaux* from the *Abeille Méd. et Revue Thérapeutique*, March 1st.

ITCH TREATED WITH PHOSPHORATED OIL.—This treatment is not so new as it is said to be by Dr. Metzel; it has been already recommended by Dr. Hinrich, and furthermore it is not very expeditious. Nevertheless, the physician of Cracow prefers it to the usual remedies, as it is inexpensive, not soiling the clothing, nor producing those consecutive eruptions which are so disagreeable. The phosphorated oil is prepared by placing eight grammes of phosphorus in five hundred of olive or linseed oil. The flask is closed by a piece of bladder and exposed to a temperature of 100 degrees in a water bath. Afterwards the cooled oil should be preserved in well-corked phials. It is used as an external application daily.

M. Metzel has subjected eighty patients to this treatment. The number of frictions necessary to effect a cure, was two in 4 cases, three in 31, four in 27, five in 10, six in 4. In all these cases the cure was complete. Three baths were also given to each of the patients before discharging them. There was not a single instance of return

of the disease, nor of consecutive eczema. On the contrary, the remedy hastened the cure of an eczema already existing in twenty-four patients, and excoriations in eleven others. It is important, to obtain these results, not to use the last portions of the oil contained in the bottles, as they may contain some particles of the phosphorus undisolved.—*Journal de Médecine de Bordeaux*, from the *Bulletin gen. de Thérapeutique*, and *Wiener Medizin. Wochense*.

PHYSICIANS AND THE WEST. *Messrs. Editors*.—The enclosed is a stray leaf from a letter of Dr. Andrew McFarland, of the Illinois State Hospital for the Insane, written in reply to some interrogations of my own in regard to the inducements for New England physicians to go west. You are at liberty to make such use of it as your better judgment may dictate. Respectfully, H. C. SHAW.

Waitsfield, Vt., April 12th, 1861.

“It will still be a generation before a great multitude of the roads which physicians travel over here to find their patients are anything but unfenced paths over the prairies, or through forests where nothing but the sagacity of the horse carries the rider by night along in safety. As I only pass such roads in the day time, it is a mystery of mysteries how doctors safely pass them by night with unbroken necks, unless, like Jack in the song, they have some ‘sweet little cherub that sits up aloft’ to look out for them. Then the composition of the soil of which the roads have to be made in a prairie country, has never yet been described by any one, except briefly, by Mrs. Stowe, in one of the chapters of ‘Uncle Tom.’ A prairie, you know, is composed of earth so devoid of gritty particles as to be nearly impalpable. It makes capital dust, and O! *such mud*—well, comparison totally fails me. Reduced to a regular formula, *sec. art.*, it would stand something like this: **R.** Clay (best adhesive), lampblack, opt., wheel-grease, Spalding’s liquid glue, *ad quant. suff.* (occlusive). Liquify the above thoroughly, and lay it on deep just in proportion to the length of the last rain, and you have what we must take for a road about half of the year. It is a longitudinal slough, worse to traverse than Virgil’s ‘*Styx novies interfusa*.’

“There are some other things, which the already too great length of this hasty reply to yours forbids me to touch upon. If my picture is not a pleasing one, it is, nevertheless, the only one I can draw.”

PERSULPHATE OF IRON AS AN INTERNAL HÆMOSTATIC.—A paper was recently read before the Society for Medical Improvement at the Long Island College Hospital, on the efficacy of the persulphate of iron as an internal remedy in passive hæmorrhage of the lungs, stomach or any other viscera. Three cases are given in illustration of its effects, one of hæmorrhage of the stomach, one of hæmoptysis, and one of hæmaturia, in all of which it proved most effectual. Dr. A. Hallet says, as reported in the *Medical Times* :—

“In administering the persulphate of iron, care should be taken to have it largely diluted, and not to give too much at a time, as from its astringent effect upon the mucous coat of the stomach, it is apt to be immediately ejected. I would also state that I have used it in profuse menstruation with a like happy result. I presume that it checks internal hæmorrhage by exerting its astringent principle upon the capillaries, and also in hæmaturia, by correcting the alkaline condition of the urine, which is said to excite bleeding by its irritating qualities. Inflammation should preclude its use, until it is overcome by appropriate remedies.

“In Dr. Hamilton’s patient, who was operated upon in this Hospital four days ago for vesico-vaginal fistula, profuse hæmorrhage came

on yesterday, from the bladder, so much so that quite large clots were expelled through the urethra, and the patient began to sink from loss of blood. I understand from Dr. Lynch, that all other means having failed to arrest the haemorrhage, recourse was had to the solution of the persulphate of iron internally, when the bleeding stopped. But whether 'post hoc, ergo propter hoc,' is true in this case, I am unable to say.'

MEDICAL COMMENCEMENTS.—At the recent commencement of the New York University Medical College, held March 4th, the degree of M.D. was conferred on one hundred and twenty-nine graduates.

The eighteenth annual commencement of the Rush Medical College took place on Wednesday, Feb. 20th. The degree of M.D. was conferred on thirty-seven candidates.

At the commencement of the Medical Department of Lind University, at Chicago, twelve candidates received the degree of M.D.

The annual commencement and conferring of degrees of the Medical College of Ohio, took place in the College edifice Monday evening, March 4th. Twenty-three graduates received their degrees.

The Medical School connected with the University of Vermont, at Burlington, is making good progress; upwards of seventy students being in attendance at the lectures of the present term.

VITAL STATISTICS OF BOSTON.
FOR THE WEEK ENDING SATURDAY, APRIL 13th, 1861.

DEATHS.

	Males.	Females.	Total.
Deaths during the week,	29	41	70
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	36.5	36.0	72.5
Average corrected to increased population,	80.9
Deaths of persons above 90,

Mortality from Prevailing Diseases.

Phthisis.	Croup.	Scar. Fev.	Pneumonia.	Measles.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
14	2	2	1	0	0	0	1	1

METEOROLOGY.

From Observations taken at the Observatory of Harvard College.

Mean height of Barometer,	30.234	Highest point of Thermometer,	52°
Highest point of Barometer,	30.398	Lowest point of Thermometer,	26°
Lowest point of Barometer,	30.050	General direction of Wind,	N., S. & E.
Mean Temperature,	42°.8	Am't of Rain (in inches) melted snow	00

From Observations taken by Dr. Ignatius Langer, at Davenport, Scott Co., Iowa. Latitude, 41.31 North. Longitude, 13.41 West. Height above the Sea, 585.

Monday,	April 1,	BAROMETER.			THERMOMETER.			Snow & Rain.	Mean Amount of Cloud. 0 to 10.	
		7 A.M.	2 P.M.	9 P.M.	High.	Low.	7 A.M.	2 P.M.		
Tuesday,	" 2,	29.66	29.63	29.60	35	30	40	50	1.12	-
Wednesday,	" 3,	29.56	29.54	29.52	44	39	50	54		
Thursday,	" 4,	29.41	29.36	29.43	48	45	55	52		
Friday,	" 5,	29.30	29.28	29.26	47	45	58	54		
Saturday,	" 6,	29.14	28.97	29.7	50	54	48			
Sunday,	" 7,	29.19	29.16	29.6	47	53	50			

REMARKS.—General direction of the wind, E. S. E. Prevailing diseases—Influenza, irritation of the respiratory organs and urinary system, augmented in this community by the injudicious use of *chlorate of potash*.

DEATHS IN BOSTON for the week ending Saturday noon, April 13th, 70. Males, 29—Females, 41.—Accident, 1—bronchitis, 4—Inflammation of the brain, 1—consumption, 14—convulsions, 4—croup, 2—diphtheria, 1—dropsy, 1—dropsy of the brain, 6—empyema, 1—scarlet fever, 2—typhoid fever, 1—hemorrhage 1—disease of the heart, 4—intemperance, 1—disease of the kidneys, 1—disease of the liver, 1—congestion of the lungs, 1—Inflammation of the lungs, 1—marasmus, 1—mortification, 1—old age, 2—pneumonia, 1—paralysis, 1—pleurisy, 2—peritonitis, 1—puerperal disease, 3—Inflammation of the portal vein, 1—sore throat, 2—teeth, 1—tumor (ovarian), 1—unknown, 5—Whooping cough, 1.

Under 5 years of age, 25—between 5 and 20 years, 12—between 20 and 40 years, 18—between 40 and 60 years, 7—above 60 years, 8. Born in the United States, 45—Ireland, 19—other places, 3.